Alfred Geissler

0250-130

COMPLETE IF KNOWN

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DECLARATION FOR UTILITY OR

DESIGN PATENT APPLICATION **Attorney Docket Number**

First Named Inventor

(37 CFR 1.63)		Application Number	1						
☐Declaration ☐ Submitted OR	☑Declaration Submitted after Initial	Filing Date	3 November 2	2003					
With Initial Filing	Filing (surcharge (37 CFR 1.16 (e))	Group Art Unit							
9	required)	Examiner Name							
As a below named inve	entor, I hereby declare the	at:							
My residence, post office address, and citizenship are as stated below next to my name.									
believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:									
"MACHINING UNI MACHINE"	IT FOR A PROGRAM	-CONTROLLED MIL	LING AND D	RILLING					
the specification of which (Title of the Invention)									
is attached hereto									
OR	^	as Helical Courses	plication New tree	r DOT laters - 4" -	ol.				
was filed on (MM/DD		as United States Ap	ppiication Number o	. PC i internation	aı				
Application Number	and	was amended on (MM/DD/Y	YYY)	(if applicable).				
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above.									
applications, material informat	close information which is mater tion which became available be continuation-in-part application.	tween the filing date of the pr							
I hereby claim foreign priority I	benefits under 35 U.S.C. 119(a or 365(a) of any PCT internati	a)-(d) or (f), or 365(b) of any f							
States of America, listed below	w and have also identified below or of any PCT international ap	w, by checking the box any for	oreign application(s) for patent, inver	ntor's or plant				
Prior Foreign Application	0	Foreign Filing Date	Priority Not Claimed	Certified Copy	y Attached?				
Number(s)	Country	(MM/DD/YYYY) Country	Not Claimed	YES	NO				

[Page 1 of 2]

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to:	Customer Numbor Bar Code Labor		00616		OR	Correspondence address belo		
Name								
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Address								
						-		
City		State			ZI	P		
Country			Teleph	one		Fax		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.								
NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventor								
Given Name Alfred Family Name Geissler (first and middle [if any])					sler			
Inventor's Signature		· · · · · · · · · · · · · · · · · · ·			Date			
Pfronten			Germany		any			
Residence: City		State	Country		try	Citizenship		
Unterer Lus 3								
Mailing Address								
Pfronten				87459		Germany		
City		State		Zip		Country		
NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor								
Given Name (first and middle [if any])		Family Name or Surname						
Inventor's Signature					Date			
Residence: City		State		Count	try	Citizenship		
						,		
Mailing Address		T						
City		State		Zip		Country		
Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.								